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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05381** **(1)**

1. Corporation Name

WIGGINS PASS WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
826 WIGGINS PASS RD. NAPLES FL 33940 US	826 WIGGINS PASS RD. NAPLES FL 34110-6113 US

3. Date Incorporated or Qualified: 09/27/1984
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 273 Airport Road
Suite, Apt. #, etc.
27
City & State
28 Naples, FL 34104
Zip 29 34104 Country 30 Collier

4. FEI Number: 59-2618852 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MENZIES, ROBERT G.
3003 TAMIAMI TRL N.
STE 270
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☒ DELETE	1.1 TITLE	STD	☒ Change ☐ Addition
NAME	CAVALIER, SALEME		1.2 NAME	Santiago, Migdalia	
STREET ADDRESS	826 WIGGINS PASS RD #210		1.3 STREET ADDRESS	900 S.W. 139th Avenue	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Miami, FL 33184	
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	ZICCARELLI, ANTHONY		2.2 NAME	Uchison, Joseph	
STREET ADDRESS	826 WIGGINS PASS RD #214		2.3 STREET ADDRESS	826 Wiggins Pass Rd. #202	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples, FL 34110	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BROBECK, BLAIN		3.2 NAME		
STREET ADDRESS	826 WIGGINS PASS ROAD #216		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SHELTON, JIM		4.2 NAME	Armstrong, Sr., Norman	
STREET ADDRESS	826 WIGGINS PASS RD #217		4.3 STREET ADDRESS	146 Cypress Way East #6	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	Naples, FL 33942	
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRUEH, RUDOLF		5.2 NAME		
STREET ADDRESS	826 WIGGINS PASS RD #313		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/17/97 514-0264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0059680